

(Short Form)
(Follow instructions on the back)

1 Ferieral Anen	cy and Organizational Element	2. Federal Grant or Other Identify	ying Number Assign	OMB Approval	Page of
to Which Report is Submitted		By Federal Agency		No.	1 1
			//*		Pages
Denali Comm	nission	ete address, including ZIP code)	(C) APR 12 AND		I ayes
3. Recipient Of	rganización (reame and comple	te address, moderng zir code,			
			COMMISSIO		
	E, 1901 Bragaw St, Anchor	rage, AK 99508			
4. Employer identification Number 5. Recipient Account Number		of Identifying Number	6. Final Report	7. Basis	
92-0162721			·		IXICash II Accrual
Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	Period Covered by this Repo From: (Month, Day, Year)	rt To: (Month, Da	av Year)
			, , , , ,	,	
4/1/2002		12/31/2006	10/1/2006	12/31/2006	111
10. Transaction	ns:		'	11	
			Previously Reported	This Period	Cumulative
a. Total outlays			20 224 242 -2		*******
b. Recipient share of outlays			\$2,874,010.59		\$2,874,010.59
) D. 1.00p.0.	A Charge Of Coulys				\$0
c. Federal share of outlays					
T. T. L			\$2,874,010.59	\$0.00	\$2,874,010.59
d. Total unliquidated obligations					\$0
e. Recipient's share of unliquidated obligations					
					\$0
f. Federal share of unliquidated obligations					\$ 0
g. Total federal share (sum of lines c and f)					₽ U
					\$2,874,010.59
h. Total federal funds authorized for this funding period					
i. Unobligated balance of federal funds (Line h minus line g)					\$3,600,000.00
1. Official and Carrier and Ca					\$725,989.41
	a. Type of Rate (Place an "	X" in appropriate box)			
11. Indirect Provisional Predetermined Final X Fixed					
Expense	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12 Pornodes:	Attach any evalenations deem	and page page or information rea	luired by Federal sponsoring agen	n in compliance wi	<u></u>
1	legislation.	iou necessary or imormation req	julied by rederal sponsoning agen	cy in compliance wi	uı
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thor period adjustment due to award reconciliation and close out.					
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13. Certification	r leggifica the best of	knowledge and halist that the	nortic competend consists at the	hat all and are	
is. Octanication			port is correct and complete and t	nat all outlays and	
unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension)					
Diane Chile	Construction Control	.	007 700 6500	•	03.
Diane Chris, Construction Controller Signature of Authorized Certifying Official			907-729-3580 Date Report Submitted		767 ***
- C.		·	Pare Report Guorninan	~0	E.F.
Typed or Printed Name and Title Diane Chris, Construction Controller Signature of Authorized Certifying Official Date Report Submitted 3/16/2007					
Previous Edition	s not Usable			Standard P	2030(126-14-28)